

CRITERIA FOR PRIOR AUTHORIZATION

Canakinumab

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Canakinumab (Ilaris®)

CRITERIA FOR CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES (CAPS) Must meet all of the following:

- Patient must have a diagnosis of CAPS, including:
 - Familial Cold Autoinflammatory Syndrome (FCAS)
 - Muckle-Wells Syndrome (MWS)
- Patient must be 4 years of age or older
- Patient must have an evaluation for latent tuberculosis (TB) with a TB skin test prior to initial prior authorization approval
- Patient must not be taking another IL-1 blocking agent or biologic agent (see attached table) within the past 30 days

CRITERIA FOR JUVENILE IDIOPATHIC ARTHRITIS (JIA) Must meet all of the following:

- Patient must have a diagnosis of active, systemic juvenile idiopathic arthritis
- Must be prescribed by or in consultation with a rheumatologist or dermatologist
- Patient must have an evaluation for latent TB with a TB skin test prior to initial prior authorization approval
- Patient must be 2 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

LENGTH OF APPROVAL 6 months

IL-1 Blocking & Biologic Agents	
Generic Name	Brand Name
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rilonacept	Arcalyst®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®
Ustekinumab	Stelara®

Revision History	
Revision Date	Revision
July 10, 2013	Add criteria for new indication, juvenile idiopathic arthritis; remove quantity limit of 1 vial every 8 weeks (JIA approved dose is higher than limit)
October 21, 2009	Initial prior authorization criteria approved